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7. A Case of Asthenic Bulbar Paralysis with the Results of Autopsy. LIEFMANN.
8. The Psychical Disturbances of Tumors and Injuries of the Frontal Lobes. B. MÜLLER.
9. The Centrifugal Impulse in the Sensory Terminal Neurones. KOHNSTAMM.
10. Operative Interference in Choreic Epilepsy. VON BECHTEREW.
11. The Results of Almost Complete Strumectomy. LUNDBORG.
12. Bulbar Paralysis and Sarcomatosis. HENSEN.
13. Tuberculous Meningomyelitis. HENSEN.
14. The Localization of Reflex Pupillary Immobility. WOLFF.
15. Partial Myotony with Muscular Wasting. SCHOTT.
16. A Contribution to the Question of Infantile Tabes. IDELSOHN.
17. Remarks upon the Clinical Observation of the Skin and Tendon Reflexes of the Lower Portion of the Body. SCHOENBORN.
18. The Changes in the Spinal Cord as a Result of Intra-cerebral Pressure. FINKELBURG.
19. Brief Communications. (1) Contribution to the Knowledge of the Reflexes. BICKEL. (2) The Peculiar Associated Movements of the Paretic Palpebral Elevators and Sphincters. HIGIER.
20. Book Reviews.

7. *Asthenic Bulbar Paralysis.*—Liefmann reports the case of a girl nineteen years of age, without neuropathic heredity, who, five years after an attack of diphtheria, during which she was severely ill, developed paresis of some of the muscles of the face, particularly the left eye-lid. A year later there was bilateral paralysis of the muscles of the face, and finally paralytic manifestations in all the motor cranial nerves, giving rise to external ophthalmoplegia, facial diplegia, and disturbances of speech, swallowing and mastication. At the same time the patient had fatigue of all the muscles of the body, atrophy of the right half of the tongue, and some quantitative alteration in the electrical reaction of the muscles supplied by the facial nerve, that is to say, the patient presented the characteristic picture of asthenic bulbar paralysis. She died rather suddenly, and macroscopic changes were not found in the central nervous system. The histological examination showed practically no changes in the cells of the central nervous system, with the exception of some peculiar homogeneous masses, resembling colloid, which were found in the perivascular spaces of the capillaries, and scattered through the nervous system. The muscle of the tongue showed a considerable infiltration with fat. Liefmann discusses the nature of asthenic bulbar paralysis and quotes a number of cases from the literature. He believes that the disease may be associated with atrophy of the muscles, and that this atrophy may be due to a peculiar noxious substance that interferes with the function of the central nervous system. This noxious substance is probably toxic in character.

8. *Psychical Troubles and Frontal Lobe Tumors.*—Müller discusses particularly the case reported by Welt, which is supposed to indicate that disturbances of intelligence are apt to follow lesions in the frontal lobe. He believes that in all such cases a diffuse disease of the cortex of the brain should be absolutely excluded, and that the patient should be proven to be not of a neurotic character before the injury or tumor developed. In a case reported by Welt there is every reason to believe the patient was hereditarily defective, and in many other cases in which the proof is entirely inadequate that the frontal lobes are particularly involved this explanation may be the true one. In regard to the frequency with which a tendency to make puns occurs in cases of disease of the frontal lobes, Müller, after admitting it, attempts to explain it by various hypotheses. (1) That the tumor may produce a general dementia; (2) that it may be the result of epilepsy; (3) that certain chemical substances may be generated by the tumor, or administered as remedies; (4) it may stimulate and appear excessive on account of the contrast with the general apathy and indifference of the patient. He concludes, therefore, that the symptom is only a general symptom of tumors of the brain, is caused by the progressive dementia produced by the tumors, and is more common in tumors of the frontal lobes because their course is relatively less acute. The difficulty in the discussion of this subject lies in the fact that a very large amount of material has been used for statistical purposes, and that much of this material is not sufficiently conclusive. The majority of brain tumors in this region are gliomas, or gliosarcomas, that is to say, they are probably congenital in nature. These tumors may be associated with psychical symptoms in three ways: either by interfering with the general nutrition of the brain, or the psychical condition and the tumors may arise from the same cause, or the psychoses may preëxist, and, by predisposing to injury, act as a remote cause of tumor formation. In conclusion Müller urges that in future all cases of brain tumor be carefully studied by the psychiatrist in order that our information regarding the relation of these tumors to mental defects may be more accurate than it is at present.

9. *Centrifugal Impulse in Sensory Neurones.*—Kohnstamm believes that the centrifugal neurones may be irritated by the central nervous system. The arguments in favor of this may be summarized as follows. (1) The phenomena of the reflexes which may extend from one posterior root to another; (2) trophic disturbances which occur in organic disease and in experiments upon animals; (3) the pathology of herpes zoster; (4) the fact that groups of nerve fibers exist in the midst of sensory neurones, carrying impulses toward the periphery; (5) the changes in the spinal ganglion cells after section of their peripheral fibers, and (6) the fact that the ganglion cells apparently may conduct impulses in two directions. Each of these points is discussed in a separate paragraph, and Kohnstamm finally concludes that the hypothesis is sufficiently clear.

10. *Choreic Epilepsy.*—Von Bechterew reports the result of an operation upon a case of choreic epilepsy, a condition that he has previously described. The patient showed cramp-like twitchings in various parts of the body, occurring before the epileptic attacks, the latter frequently giving rise to serious injury. At the operation the skull and dura were permanently removed from the Rolandic region on one side. The irritability of the cortex was carefully tested, and then small portions of the gray substance of the central convolution removed at three places. There were no signs of paresis after the operation, and the patient was so remarkably improved that he was ready to submit himself to an oper-

ation upon the opposite side. A similar operation was therefore performed, but unfortunately, as a result of erysipelatous infection of the wound, the patient died.

11. *Strumectomy.*—Lundborg, in discussing the results of strumectomies, involving four-fifths or more of the thyroid gland, states that there may be 6 terminations: (1) Acute tetany, followed by death; (2) acute tetany, followed by recovery; (3) chronic tetany; (4) chronic tetany and myxedema; (5) myxedema; and (6) entire recovery. He reports the case of a woman twenty-four years of age, with neuropathic heredity, who, in childhood, had developed goiter of both sides of the neck. She also had (even as early as the age of eleven years) tremor and tachycardia. At the age of 15 a portion of the left lobe was removed, and at the age of 17 the right lobe was also removed. Almost immediately after the second operation the patient developed acute tetany, which gradually passed ino a tetanoid condition and then improved. A certain amount of renewal of the tremor occurred. The attacks of tetany, however, continued to occur especially at the menstrual periods; they were preceded by an uncomfortable feeling in the arm and then by clonic spasm. These clonic movements involved all the extremities and sometimes even the whole body. The patient was given thyroid tablets and gradually improved, although she did not entirely recover.

12. *Bulbar Paralysis and Sarcomatosis.*—Hensen reports the case of a girl, nineteen years of age, who had an attack of some acute condition, accompanied by fever and vomiting. Three weeks later, she felt as if the lips were thickened, and a week after this there was paralysis of the left side of the face associated with paralysis of the abducens nerve, atrophy of the tongue, a nasal and hoarse voice, difficulty in swallowing, and slight paresis of the right side of the face. The liver and spleen were enlarged, but otherwise no pathological condition was discovered, with the exception of the total cessation of menstruation. The patient slightly improved, but developed necrosis of the right tonsil, associated with slight fever. She then became anemic, rapidly grew weaker, and died. At the autopsy there was found sarcomata of both ovaries with metastasis to the spinal column, the liver, kidneys, uterus and vagina. The central nervous system was peculiarly firm in consistency; there were some grayish white lines in the white substance of the brain; slight hydrocephalus and a doubtful tumor-like formation upon the outer side of the dura. The microscopical examination showed peculiar changes in the central nervous system, particularly in the medulla, which led to the suspicion that they might be beginning metastases. Small focal lesions and extensive secondary degeneration of the nerve fibers could be traced. As, however, these focal lesions appeared to be more recent than the symptoms, it is possible that some other cause was acting at the same time.

13. *Tuberculous Meningomyelitis.*—Hensen reports the case of a woman forty years of age, who had chill, headache, severe pains in the back, difficulty in urination, and, when brought to the hospital, she showed slight paresis of the right abducens, paralysis of the bladder, hyperesthesia of the legs, and slight increase in the patellar reflexes. The patient improved slightly, and then developed numbness in the lower limbs, with paralysis in both. She had also girdle pain and gradual ascent of the anesthesia along the body. Reactions of degeneration occurred in some of the muscles. The patient finally died, and at the autopsy tuberculous basilar meningitis was found. A tuberculous myelitis was found about the middle of the dorsal region, which produced almost complete destruction of the cord. The case is rare, and

apparently commenced as a meningitis of the spinal cord, followed by the myelitic changes.

[A note by the editor states that the author of these two articles died of tumor of the brain before they appeared.]

14. *Localization of Reflex Pupillary Immobility.*—Wolff reports the case of a man forty-five years of age who, a few months before admission, had had pain in the back between the shoulder blades; this gradually extended to the neck and head. The patient developed diplopia and twitching in both left extremities. Memory was much impaired; he gradually developed paresis of the left leg, and then recovered almost entirely after employing potassium iodide. He then became worse, was completely irresponsible; the pupils were of the Argyll-Robertson type, and there was paresis of the whole left side of the body. The patient gradually grew weaker, developed cough with expectoration, and finally died. At the autopsy a large tumor was found in the right cerebral hemisphere, extending almost to the wall of the third ventricle, and involving the corpus striatum and the anterior portion of the optic thalamus. The central portion of the brain was sectioned by the Weigert method, and two other gummas were found by this method, one of the ventral surface of the brain at the junction of the pons and medulla, and the other in the upper portion of the cervical cord, extending from the second to the fourth segments. Wolff discusses the difficulties in locating the lesion that gives rise to the Argyll-Robertson pupils. Theoretical explanations are unsatisfactory. In his cases Westphal's nucleus was not involved, and there seems, perhaps, more reason to suppose that the cervical lesion had more to do with it than any of the others. He admits that at present we know nothing at all about it.

15. *Partial Myotony.*—Schott discusses the case of a boy eighteen years of age, who had myotonia, commencing in the legs and then extending to the hands. The symptoms were more pronounced in cold than in warm weather; otherwise the patient was normal. Electrical reactions showed no particular abnormality, excepting in some of the muscles of the fingers, in which there was slight prolongation of the contraction, a marked reduction of faradic irritability, and an inversion of the galvanic formula. The disease does not appear to have occurred in any other member of the family.

16. *Infantile Tabes.*—Idelsohn reports a case of a girl six years of age, whose father and mother suffered from syphilis, who had Argyll-Robertson pupils; the tendon reflexes were lost; station and gait were normal; there was hypalgesia in the legs, and the child slept more than usually. There seems little reason to suppose that the case is anything but tabes dorsalis. Altogether Idelsohn has been able to collect six other cases occurring in young children. In all there was leutic infection of the parents and the characteristic symptoms.

17. *Skin and Tendon Reflexes.*—Schoenborn, after a discussion of the individual reflexes and the methods in which they are elicited, in the course of which he touches upon several interesting topics, as for example, whether the knee-jerks are ever present in tabes,, mentioning an interesting case in which the symptoms were fairly typical, but in which very marked improvement subsequently occurred, and also the infrequency with which he has been able to obtain patellar clonus, then proceeds to the discussion of the skin reflexes, of which he mentions a considerable number. Among the most important of these is the Babinski toe phenomenon. He then gives in tabular form the results of his investigations in one hundred persons, who were apparently not suffering from nervous disease. These are as follows:

	Present	Doubtful	Absent
Patellar reflexes	100	—	—
Achilles tendon reflexes	97	2	1
Adductor reflexes	38	8	54
Tibialis posticus reflex	22	6	72
Abdominal reflex, upper	98	1	1
Abdominal reflex, middle	99	1	—
Abdominal reflex, lower	98	1	1
Cremaster reflex	98	1	1
Anal reflex	80	7	13
Scrotal reflex	92	3	5
Plantar reflex	98	1	1

18. *Intracerebral Pressure and Cord Changes.*—Finkelnburg reports three cases of cerebral tumors occurring in children, all of which were in the cerebellum. The common characteristics of these cases were extreme intracranial pressure, with papillitis, loss of knee reflexes in two cases, early death, and at autopsies characteristic changes in the posterior and anterior roots. The ganglion cells in the anterior cornua, however, showed no changes, and there was no reason to suppose than any toxin was acting on the spinal cord because all the changes could readily be explained by the supposition of increased intraspinal pressure. Finkelnburg has now attempted to discover by experiment whether the intraspinal pressure is sufficient to account for all the changes found.

19. *Reflexes.*—A. Bickel reports an interesting experiment performed upon a dog. The posterior roots coming from the posterior extremities were cut, and it was found that there was total anesthesia in the hind legs, with loss of the tendon reflexes. After this condition had persisted for five months, transverse section was made in the dorsal spine, when it was found that irritation of the posterior roots caused movements in the extremities and in the tail. As the microscopical examination showed that no regeneration in the posterior roots had occurred, Bickel believes that the results are best explained by assuming that fibers from the hind legs enter the spinal cord at a higher level, and that the irritation of these produced in the hyperexcitable motor tracts the movements of the extremities.

(b) *Paretic Palpebral Elevators.*—Higier describes some peculiar movements in the eyelids occurring in a man 32 years of age. Under normal conditions the right eye was covered, and the left was abnormally wide. When he began to chew the right eye opened and the left closed. The patient had paresis of the right levator palpebræ, and in the left orbicularis oculi, otherwise his muscles were normal, excepting that the ptosis had existed from birth and the lagopthalmus only for 9 months. As the right eye could not be raised voluntarily, and was only elevated when the mouth was opened, it was necessary to make a careful study of the muscles, when it was found that the pterygoids and the muscles of the hyoid bones were the ones whose contractions were of special influence. The closure of the left eye is probably to be regarded as an associated movement. J. Sailer (Philadelphia).

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1. Examination of Paraphasia. G. Saint Paul.
2. Considerations of Late Epilepsy and Senile Epilepsy. Paul Masoin.
3. Suicide and Insanity. Viallon.
4. The Language of Idiots. L. Maupate.